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Pre Andt/K Patent
Attorney's Docket No. 004900-169

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)

Isabelle ROSINSKI-CHUPIN et al.)

Application No.: 09/386,850)

Filed: August 31, 1999)

For: PEPTIDES AND POLYPEPTIDES)
DERIVED FROM THE SUBMAX-)
ILLARY GLAND OF THE RAT. . .)
FOR DIAGNOSIS, FOR DETECTION)
OR THERAPEUTIC PURPOSES)



Group Art Unit: Unassigned

Examiner: Unassigned

SUPPLEMENTAL PRELIMINARY AMENDMENT

BOX: SEQUENCE

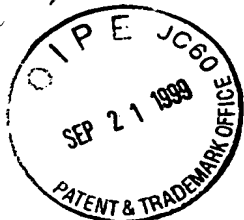
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Prior to examination on the merits, please amend the above-identified application as follows:

IN THE SPECIFICATION:

In compliance with 37 C.F.R. § 1.823(a), please insert the attached paper copy of the Sequence Listing between the last page of the application (page 12) and the first paragraph of the claims (page 13). Please renumber the pages accordingly.



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Application No.: 09/386,850) Group Art Unit: Unassigned
Filed: August 31, 1999) Examiner: Unassigned
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SUPPLEMENTAL PRELIMINARY AMENDMENT TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a Supplemental Preliminary Amendment for the above-identified patent application.

☐ A Petition for Extension of Time is also enclosed.

☒ Also enclosed is a Request To Use Computer Readable Form From Parent Application Pursuant to 37 C.F.R. § 1.821(e); a Declaration Pursuant to 37 C.F.R. §§ 1.821-1.825; and a paper copy of the Sequence Listing.

☐ _____ statement(s) claiming small entity status
☐ are also enclosed ☐ were submitted previously.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.

☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

Supplemental Preliminary Amendment Transmittal Letter

Application No. 09/386,850Attorney's Docket No. 004900-169

Page 2

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AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	3	MINUS 20 =	-0-	x \$18.00 =	-0-
Independent Claims	2	MINUS 3 =	-0-	x \$78.00 =	-0-
If Amendment adds multiple dependent claims, add \$260.00					-0-
Total Amendment Fee					-0-
If small entity status is claimed, subtract 50% of Total Amendment Fee					N/A
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					-0-

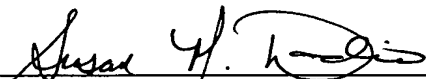
☐ A claim fee in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: 
 Susan M. Dadio
 Registration No. 40,373

P.O. Box 1404
 Alexandria, Virginia 22313-1404
 (703) 836-6620

Date: September 21, 1999